

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Health Care Association Political Action Committee

ADDRESS (number and street)

1201 L Street, NW

☐Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00006080

3. IS THIS
REPORT☒NEW
(N)**OR**☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☒

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2011

through

07

31

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr. Leonard Russ

Signature of Treasurer

Electronically Filed by Mr. Leonard Russ

Date

08

20

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	<div>2011</div>	<div>110057.22</div>
(b) Cash on Hand at Beginning of Reporting Period	<div>239251.33</div>	
(c) Total Receipts (from Line 19)	<div>99675.76</div>	<div>648869.87</div>
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<div>338927.09</div>	<div>758927.09</div>
7. Total Disbursements (from Line 31)	<div>131000.00</div>	<div>551000.00</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<div>207927.09</div>	<div>207927.09</div>
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<div>0.00</div>	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<div>0.00</div>	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	7	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	W	Y
0	7	3	1	2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	87152.77	576033.84
(ii) Unitemized	7522.99	51836.03
(iii) TOTAL (add Lines 11(a)(i) and (ii)	94675.76	627869.87
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	5000.00	21000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	99675.76	648869.87
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	99675.76	648869.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	99675.76	648869.87

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	131000.00	551000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	131000.00	551000.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	131000.00	551000.00	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	99675.76	648869.87
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	99675.76	648869.87
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 59

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Steve Ackerson

Mailing Address 6750 Westown Pkwy

City

West Des Moines

State

IA

Zip Code

50266-7716

FEC ID number of contributing
federal political committee.

C

Name of Employer
Iowa Health Care Assn.

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 0 / 2 0 1 1

Transaction ID: C1324266

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Charlie Anderson

Mailing Address 8230 Lenox Creekside Dr

City

Antioch

State

TN

Zip Code

37013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tennessee Health Managemen-

Occupation

Vice President of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 5 / 2 0 1 1

Transaction ID: C1318975

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Robert Asztalos

Mailing Address 5013 Centennial Oak Circle

City

Tallahassee

State

FL

Zip Code

32308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Asztalos & Associates

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.50

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 8 / 2 0 1 1

Transaction ID: C1323725

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

475.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mark Ballif

Mailing Address 100 E San Marcos Blvd
Suite 200

City State Zip Code
San Marcos CA 92069

FEC ID number of contributing
federal political committee.

C

Name of Employer
Plum Healthcare Group

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: C1326559

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Harry Baum

Mailing Address 8300 NW Eastside Drive

City State Zip Code
Weatherby Lake MO 64152

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sharon Lake Nursing Home

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: C1320323

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Brad Bedell

Mailing Address 731 North Main

City State Zip Code
Sikeston MO 63801-1210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Facilities Management

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: C1320324

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 59

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Elton Beebe, Jr.

Mailing Address 1308 Bruton Springs Road

City

Austin

State

TX

Zip Code

78733

FEC ID number of contributing
federal political committee.

C

Name of Employer
Louisiana Extended Care
CentersOccupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	1		2	0	1	1

Transaction ID: C1323305

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Lyn Bentley

Mailing Address 2212 Hidden Valley Ln

City

Silver Spring

State

MD

Zip Code

20904-5240

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciationOccupation
Director, Regulatory

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	1		2	0	1	1

Transaction ID: C1321245

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Lyn Bentley

Mailing Address 2212 Hidden Valley Ln

City

Silver Spring

State

MD

Zip Code

20904-5240

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciationOccupation
Director, Regulatory

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	1	1

Transaction ID: C1327104

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

1290.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

William Biggs

Mailing Address 101 Grace Street

City

Easley

State

SC

Zip Code

29640

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Management Resources

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 1 / 2 0 1 1

Transaction ID: C1326802

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Orlando Bisbano, Jr.

Mailing Address 14 Donna Court

City

Bristol

State

RI

Zip Code

02809

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orchard View Manor and Re-
hab

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

937.50

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 9 / 2 0 1 1

Transaction ID: C1331517

Amount of Each Receipt this Period

562.50

C.

Full Name (Last, First, Middle Initial)

Linda Black-Kurek

Mailing Address 7445 Liberty Woods Lane

City

Dayton

State

OH

Zip Code

45459-3911

FEC ID number of contributing
federal political committee.

C

Name of Employer
LBK Healthcare, Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 4 / 2 0 1 1

Transaction ID: C1323294

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

4312.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Steve Boymel

Mailing Address 12100 Reed Hartman Highway

City

Cincinnati

State

OH

Zip Code

45241-6036

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brookwood Retirement Comm-
unity

Occupation

Owner/Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: C1321361

Amount of Each Receipt this Period

550.00

B.

Full Name (Last, First, Middle Initial)

John D Brammeier

Mailing Address 32 Desert Willow Lane

City

Littleton

State

CO

Zip Code

80127

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pinon Management

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 1 1

Transaction ID: C1323563

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Stuart Brown

Mailing Address 909 S 336th St
Ste 200

City

Federal Way

State

WA

Zip Code

98003-7394

FEC ID number of contributing
federal political committee.

C

Name of Employer
Village Concepts Inc.

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.66

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: C1320408

Amount of Each Receipt this Period

333.33

SUBTOTAL of Receipts This Page (optional)

1033.33

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Christopher R. Bryson

Mailing Address 1626 Jeurgens Court

City

Norcross

State

GA

Zip Code

30096

FEC ID number of contributing
federal political committee.

C

Name of Employer
UHS-Pruitt Corporation,
Inc.

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: C1320349

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Douglas Burr

Mailing Address 1185 Wilde Run Court

City

Roswell

State

GA

Zip Code

30075

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cypress Administrative Se-
rvices, LLC

Occupation

VP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1612.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: C1320330

Amount of Each Receipt this Period

275.00

C.

Full Name (Last, First, Middle Initial)

Douglas Burr

Mailing Address 1185 Wilde Run Court

City

Roswell

State

GA

Zip Code

30075

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cypress Administrative Se-
rvices, LLC

Occupation

VP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1612.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 6 / 2 0 1 1

Transaction ID: C1327207

Amount of Each Receipt this Period

787.00

SUBTOTAL of Receipts This Page (optional)

1312.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 59

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Teresa Cagnolatti

Mailing Address 2201 Wilson Blvd
Apt 620City State Zip Code
Arlington VA 22201-3384FEC ID number of contributing
federal political committee.**C**Name of Employer
AHCAOccupation
Director, Govt Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	8	/	2	0	1	1

Transaction ID: C1320374

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Douglas Cecil

Mailing Address PO Box 3347

City State Zip Code
Spartanburg SC 29304-3347FEC ID number of contributing
federal political committee.**C**Name of Employer
White Oak ManorOccupation
Dir Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	1	/	2	0	1	1

Transaction ID: C1326811

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Donald Chensvold

Mailing Address 2126 Blue Heron Dr.

City State Zip Code
Springville IA 52336FEC ID number of contributing
federal political committee.**C**Name of Employer
Healthcare of Iowa, Inc.Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	1	/	2	0	1	1

Transaction ID: C1325495

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) ▶

1350.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 59

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Steven E. Chies

Mailing Address 8624 Mississippi Blvd NW

City

Coon Rapids

State

MN

Zip Code

55433-5968

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benedictine Health System-
Cambridge

Occupation

VP, Long Term Care Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

667.34

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	2	/	2	0	1	1

Transaction ID: C1326560

Amount of Each Receipt this Period

334.00

B.

Full Name (Last, First, Middle Initial)

Kathleen Collins Pagels

Mailing Address 1440 East Missouri Street

City

Phoenix

State

AZ

Zip Code

85014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arizona Health Care Assoc-
iation

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	8	/	2	0	1	1

Transaction ID: C1320332

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Lori Crow

Mailing Address 3300 Englewood Avenue

City

Yakima

State

WA

Zip Code

98902

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ponderosa Assisted Living
Community

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	7	/	2	0	1	1

Transaction ID: C1327101

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

809.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Paul Diaz

Mailing Address 680 S 4th St

City

Louisville

State

KY

Zip Code

40202-2407

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred HealthCare

Occupation

Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 1 / 2 0 1 1

Transaction ID: C1326800

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Judith Dicker

Mailing Address 18215 Hillside Avenue

City

Jamaica

State

NY

Zip Code

11432

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hillside Manor

Occupation

Executive Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 4 / 2 0 1 1

Transaction ID: C1323297

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)

Anthony Durante

Mailing Address 26 North Broadway

City

Schenectady

State

NY

Zip Code

12305

FEC ID number of contributing
federal political committee.

C

Name of Employer
DMN Management Services

Occupation

Executive

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1875.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 9 / 2 0 1 1

Transaction ID: C1331516

Amount of Each Receipt this Period

625.00

SUBTOTAL of Receipts This Page (optional)

6875.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 59

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Gregory J. Elliot

Mailing Address 240 Capitol Street

City

Charleston

State

WV

Zip Code

25301-2297

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMFM, Inc.

Occupation

IT Coordinator

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2916.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	0		2	0	1	1

Transaction ID: C1325431

Amount of Each Receipt this Period

416.66

B.

Full Name (Last, First, Middle Initial)

Darlene Evans

Mailing Address 28035 Elm Grove

City

San Antonio

State

TX

Zip Code

78261-2001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Autumn Winds Retirement

Occupation

Owner/ Administrator

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	1		2	0	1	1

Transaction ID: C1326806

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Teresa Eytet

Mailing Address 10009 Dallas Ave

City

Takoma Park

State

MD

Zip Code

20901-2240

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation

Director, Education

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	1		2	0	1	1

Transaction ID: C1321246

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

686.66

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 59

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Teresa Eyet

Mailing Address 10009 Dallas Ave

City

Takoma Park

State

MD

Zip Code

20901-2240

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation

Director, Education

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	2	/	2	0	1	1

Transaction ID: C1327105

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Donald Franco

Mailing Address 5 O'Kill Drive

City

East Haven

State

CT

Zip Code

06513

FEC ID number of contributing
federal political committee.

C

Name of Employer
Paragon Group Inc.

Occupation

SNF Administrator/Owner/President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	8	/	2	0	1	1

Transaction ID: C1320387

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Kit E. Gamble

Mailing Address PO Box 52389

City

Shreveport

State

LA

Zip Code

71135-2389

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gamble Guest Care Corpora-
tion

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	1	/	2	0	1	1

Transaction ID: C1323303

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional)

1770.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

James Gomez

Mailing Address 2201 K Street

City

Sacramento

State

CA

Zip Code

95816-4922

FEC ID number of contributing
federal political committee.

C

Name of Employer
CA Association of Health
Facilities

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: C1320346

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Don Gormly

Mailing Address 17011 Beach Blvd
Ste 1130

City

Huntington Beach

State

CA

Zip Code

92647-7402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anberry Rehab Hosp

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: C1320404

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)

Alan Graham

Mailing Address 182 West Edge Drive

City

Huntsville

State

TX

Zip Code

77340

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nexion Health Corporation

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 6 / 2 0 1 1

Transaction ID: C1320217

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 59

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Pamela Griffin

Mailing Address 1120 Walnut St

City

North Bend

State

NE

Zip Code

68649-5012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Celebrate LIFE, Inc.Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

668.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	1	1

Transaction ID: C1320426

Amount of Each Receipt this Period

334.00

B.

Full Name (Last, First, Middle Initial)

Will Griffin

Mailing Address 430 Will Rogers Parkway

City

Oklahoma City

State

OK

Zip Code

73108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grace Living CentersOccupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	1

Transaction ID: C1318572

Amount of Each Receipt this Period

1575.00

C.

Full Name (Last, First, Middle Initial)

Howard Groff

Mailing Address 11337 Louisiana Circle

City

Bloomington

State

MN

Zip Code

55438

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tealwood Care Centers IncOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	1	1

Transaction ID: C1320347

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

3159.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Reita Hall

Mailing Address PO Box 3667

City

Tupelo

State

MS

Zip Code

38803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Community Eldercare Services

Occupation

VP, Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 6 / 2 0 1 1

Transaction ID: C1319900

Amount of Each Receipt this Period

220.00

B.

Full Name (Last, First, Middle Initial)

Gerald Hamilton

Mailing Address 7612 Rio Penasco Court NW

City

Albuquerque

State

NM

Zip Code

87120-5315

FEC ID number of contributing
federal political committee.

C

Name of Employer
R&G Healthcare Management

Occupation

Owner/Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: C1320348

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Gil Harrington

Mailing Address PO Box 699

City

Eastman

State

GA

Zip Code

31023-0699

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pine Care Services

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: C1321352

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1470.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 59

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Susan Hebert

Mailing Address 280 High Street

City

Westerly

State

RI

Zip Code

02891

FEC ID number of contributing
federal political committee.

C

Name of Employer
Westerly Health

Occupation

Administrator

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	1		2	0	1	1

Transaction ID: C1325436

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Richard Herrick

Mailing Address 33 Elk Street
300

City

Albany

State

NY

Zip Code

12207

FEC ID number of contributing
federal political committee.

C

Name of Employer
NYS Health Facilities Ass-
ociation

Occupation

President

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

3900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	1	1

Transaction ID: C1319902

Amount of Each Receipt this Period

3150.00

C.

Full Name (Last, First, Middle Initial)

Richard Herrick

Mailing Address 33 Elk Street
300

City

Albany

State

NY

Zip Code

12207

FEC ID number of contributing
federal political committee.

C

Name of Employer
NYS Health Facilities Ass-
ociation

Occupation

President

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

3900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	1	1

Transaction ID: C1320376

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

3750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Robin L. Hillier

Mailing Address 22 Parrish Road

City

Conneaut

State

OH

Zip Code

44030

FEC ID number of contributing
federal political committee.

C

Name of Employer
RLH Consulting

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: C1320350

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Brian Holloway

Mailing Address 1001 Center Street

City

Little Egg Harbor

State

NJ

Zip Code

08087-1364

FEC ID number of contributing
federal political committee.

C

Name of Employer
Seacrest Village

Occupation
Owner/President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: C1320372

Amount of Each Receipt this Period

450.00

C.

Full Name (Last, First, Middle Initial)

Jerry Holloway

Mailing Address 17011 Beach Blvd
Ste 1130

City

Huntington Beach

State

CA

Zip Code

92647-7402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anberry Rehabilitation Ho-
spital

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: C1320405

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

2950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jeffrey N Hyatt

Mailing Address 701 N. 39th Avenue

City

Selah

State

WA

Zip Code

98902

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hyatt Family Facilities

Occupation

SNF AL Owner Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: C1320351

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Treensha Johnson

Mailing Address 1302 Nottingham St

City

Huntsville

State

TX

Zip Code

77340-5622

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nexion Health

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 6 / 2 0 1 1

Transaction ID: C1320219

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Richard Kase

Mailing Address 5125 Pine Rocklands Avenue

City

Lithia

State

FL

Zip Code

33547

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cypress Healthcare

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3825.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: C1320352

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 59

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Richard Kase

Mailing Address 5125 Pine Rocklands Avenue

City

Lithia

State

FL

Zip Code

33547

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cypress HealthcareOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3825.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	6		2	0	1	1

Transaction ID: C1327205

Amount of Each Receipt this Period

1575.00

B.

Full Name (Last, First, Middle Initial)

Richard Kase

Mailing Address 5125 Pine Rocklands Avenue

City

Lithia

State

FL

Zip Code

33547

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cypress HealthcareOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3825.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	6		2	0	1	1

Transaction ID: C1327208

Amount of Each Receipt this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

Bruce Kelly

Mailing Address 323 Highland

City

Natchez

State

MS

Zip Code

39120

FEC ID number of contributing
federal political committee.

C

Name of Employer
Senior Living CentersOccupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1875.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	1	1

Transaction ID: C1327103

Amount of Each Receipt this Period

625.00

SUBTOTAL of Receipts This Page (optional)

3700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Terri Kern

Mailing Address PO Box 1140

City

Sandia Park

State

NM

Zip Code

87047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sun Healthcare Group, Inc.

Occupation

SVP Corporate Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 4 / 2 0 1 1

Transaction ID: C1323712

Amount of Each Receipt this Period

1100.00

B.

Full Name (Last, First, Middle Initial)

Rosemary C. Kilby

Mailing Address 2030 N Garey Ave

City

Pomona

State

CA

Zip Code

91767-2722

FEC ID number of contributing
federal political committee.

C

Name of Employer
Landmark Medical Center

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.01

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: C1320388

Amount of Each Receipt this Period

66.67

C.

Full Name (Last, First, Middle Initial)

Steve Kuranz

Mailing Address 1400 8th Ave

City

Union Grove

State

WI

Zip Code

53182-1063

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hope Health & Rehabilitat-
ion

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 1 / 2 0 1 1

Transaction ID: C1321032

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1666.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mary Jo Kurtz

Mailing Address 304 South Van Dien Avenue

City

Ridgewood

State

NJ

Zip Code

07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
Van Dyk Health Care

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 1 / 2 0 1 1

Transaction ID: C1325439

Amount of Each Receipt this Period

175.00

B.

Full Name (Last, First, Middle Initial)

Mary Jo Kurtz

Mailing Address 304 South Van Dien Avenue

City

Ridgewood

State

NJ

Zip Code

07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
Van Dyk Health Care

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 8 / 2 0 1 1

Transaction ID: C1332188

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

David Kylo

Mailing Address 4621 28th Road South

City

Arlington

State

VA

Zip Code

22206

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Center for Assis-
ted Living

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

593.40

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 1 / 2 0 1 1

Transaction ID: C1321253

Amount of Each Receipt this Period

39.56

SUBTOTAL of Receipts This Page (optional)

314.56

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

David Kylo

Mailing Address 4621 28th Road South

City

Arlington

State

VA

Zip Code

22206

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Center for Assis-
ted Living

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

593.40

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: C1327117

Amount of Each Receipt this Period

39.56

B.

Full Name (Last, First, Middle Initial)

Theodore Lee

Mailing Address 700 Hanover St

City

Manchester

State

NH

Zip Code

03104-5309

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanover Hill Health Care

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 1 1

Transaction ID: C1321348

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Brett Lessley

Mailing Address 920 East 16th Street

City

Claremore

State

OK

Zip Code

74017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Claremore Nursing Home

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 5 / 2 0 1 1

Transaction ID: C1319907

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

3039.56

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Peter Lougee

Mailing Address 25407 Pyrite

City

Boerne

State

TX

Zip Code

78006

FEC ID number of contributing
federal political committee.

C

Name of Employer
SavaSeniorCare

Occupation

Division President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

687.50

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: C1320384

Amount of Each Receipt this Period

312.50

B.

Full Name (Last, First, Middle Initial)

Todd Mackenzie

Mailing Address 24 Canyon Creek Drive

City

Wimberley

State

TX

Zip Code

78676

FEC ID number of contributing
federal political committee.

C

Name of Employer
Remington Medical Resort
of San Antoni

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: C1320353

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

R. Peter Madel, Jr.

Mailing Address 108 8th St NW

City

Waseca

State

MN

Zip Code

56093-1912

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Shore Inn Nursing Ho-
me

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 1 / 2 0 1 1

Transaction ID: C1323302

Amount of Each Receipt this Period

275.00

SUBTOTAL of Receipts This Page (optional)

662.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Patrick Martone

Mailing Address 26 North Broadway

City

Schenectady

State

NY

Zip Code

12305-1932

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hallmark Nursing Centre
Inc.

Occupation

Administrator and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1875.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: C1320412

Amount of Each Receipt this Period

625.00

B.

Full Name (Last, First, Middle Initial)

Christian Mason

Mailing Address 15467 Union School Road

City

Woodburn

State

OR

Zip Code

97071

FEC ID number of contributing
federal political committee.

C

Name of Employer
Senior Housing Managemnet
LLC

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: C1320378

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Debbie McLarty

Mailing Address 101 Sun Avenue NE

City

Albuquerque

State

NM

Zip Code

87109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sun Health Care Group, Inc

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: C1320354

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Michael Meillier

Mailing Address 27 Brand Ave

City

Faribault

State

MN

Zip Code

55021-6411

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pleasant Manor Inc

Occupation

Social Services Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.50

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 1 / 2 0 1 1

Transaction ID: C1323307

Amount of Each Receipt this Period

82.50

B.

Full Name (Last, First, Middle Initial)

Jill Mendlen

Mailing Address 2151 Calle Poco

City

El Cajon

State

CA

Zip Code

92019-3540

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lightbridge Hospice

Occupation

LTC Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: C1320355

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Richard Miller

Mailing Address 303 Cleveland Ave SE
Ste 206

City

Tumwater

State

WA

Zip Code

98501-3340

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington Health Care As-
sociation

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: C1320356

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

832.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

V. Richard Miller

Mailing Address 2849 Spanish River Road

City

Boca Raton

State

FL

Zip Code

33432

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: C1320357

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Michael Morton

Mailing Address 415 Rogers Avenue

City

Fort Smith

State

AR

Zip Code

72901-1903

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Arkansas Nursing
Centers

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 8 / 2 0 1 1

Transaction ID: C1325420

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)

Timothy F Nicholson

Mailing Address 15 Ocean Harbour Cir

City

Ocean Ridge

State

FL

Zip Code

33435-6207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lyric Health Care

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: C1323906

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

3750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Tony E Oglesby

Mailing Address PO Box 350

City

Benton

State

TN

Zip Code

37307-0350

FEC ID number of contributing
federal political committee.

C

Name of Employer
SavaSenior Care

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: C1320359

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Joe Okruhlica

Mailing Address 1155 Eastern Pkwy

City

Louisville

State

KY

Zip Code

40217-1401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Parkway Medical Center

Occupation

Owner/Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: C1320386

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mark Parkinson

Mailing Address 8930 Harvest Square Ct

City

Potomac

State

MD

Zip Code

20854-4475

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Healthcare Assoc-
iation

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: C1320381

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Stacy Parkinson

Mailing Address 8930 Harvest Square Ct

City

Potomac

State

MD

Zip Code

20854-4475

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: C1320382

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Rich Pell

Mailing Address 9705 Redamar Drive

City

Hagerstown

State

MD

Zip Code

21740

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genesis Health Care

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

734.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: C1321359

Amount of Each Receipt this Period

367.00

C.

Full Name (Last, First, Middle Initial)

Russell V Peterson

Mailing Address 5281 Ventura Dr

City

Fremont

State

NE

Zip Code

68025-9779

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nye Senior Living

Occupation
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

412.50

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: C1320385

Amount of Each Receipt this Period

137.50

SUBTOTAL of Receipts This Page (optional)

1754.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Debra Pizzulo

Mailing Address 10281 NW 54 PL

City

Coral Springs

State

FL

Zip Code

33076

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cypress Health Care Man-
agement

Occupation

VP of Accts. Receivable

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 4 / 2 0 1 1

Transaction ID: C1323293

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Mebane Pruitt

Mailing Address 4275 NE Lakehaven Drive

City

Atlanta

State

GA

Zip Code

30319

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3333.34

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: C1320362

Amount of Each Receipt this Period

1666.67

C.

Full Name (Last, First, Middle Initial)

Neil L. Pruitt, Jr.

Mailing Address 4275 Lakehaven Dr NE

City

Atlanta

State

GA

Zip Code

30319-1135

FEC ID number of contributing
federal political committee.

C

Name of Employer
UHS-Pruitt Corporation,
Inc.

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: C1320361

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

3041.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Sally Rapp

Mailing Address 3308 Ocean Blvd
280

City State Zip Code
Corona Del Mar CA 92625

FEC ID number of contributing
federal political committee.

C

Name of Employer
SR Management Svcs. Inc.

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: C1323707

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Candace Read

Mailing Address 600 East Whaley

City State Zip Code
Longview TX 75601-6525

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stebbins Five Companies

Occupation
Director of Business Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 1 / 2 0 1 1

Transaction ID: C1326815

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Jon Reardon

Mailing Address 1202 Weiss Street

City State Zip Code
Saginaw MI 48602-5471

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hoyt Nursing & Rehab Cent-
re

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 4 / 2 0 1 1

Transaction ID: C1323714

Amount of Each Receipt this Period

550.00

SUBTOTAL of Receipts This Page (optional)

1950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Frank Romano

Mailing Address 61 Summer Street

City

Rowley

State

MA

Zip Code

01969-1835

FEC ID number of contributing
federal political committee.

C

Name of Employer
Essex Group

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: C1320363

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Leonard Russ

Mailing Address 40 Keogh Lane

City

New Rochelle

State

NY

Zip Code

10805-1308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bayberry Nursing Home

Occupation
Owner/Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: C1320364

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)

V. James Santarsiero

Mailing Address Executive Plaza 111
Suite 503

City

Hunt Valley

State

MD

Zip Code

21021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Perennial Healthcare Manage-
ment, Inc.

Occupation
Managing Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: C1323706

Amount of Each Receipt this Period

3750.00

SUBTOTAL of Receipts This Page (optional)

6250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Philip Scalò

Mailing Address 979 Lily Pond Lane

City

Franklin Lakes

State

NJ

Zip Code

07417

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bartley Healthcare

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 8 / 2 0 1 1

Transaction ID: C1327319

Amount of Each Receipt this Period

825.00

B.

Full Name (Last, First, Middle Initial)

Jeff Schade

Mailing Address 2532 West Cadillac Drive
PO Box 579

City

Farwell

State

MI

Zip Code

48622-9757

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Peplinski Group Inc.

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: C1321353

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Michael Scharfenberger

Mailing Address 7265 Kenwood Road
300

City

Cincinnati

State

OH

Zip Code

45236-4414

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nursing Care Management

Occupation

Exec Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

512.50

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: C1321363

Amount of Each Receipt this Period

137.50

SUBTOTAL of Receipts This Page (optional)

1962.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jerry Schroer, Jr.

Mailing Address 1608 Muirfield NW

City

Canton

State

OH

Zip Code

44708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Altercare

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: C1320315

Amount of Each Receipt this Period

900.00

B.

Full Name (Last, First, Middle Initial)

Shawn Scott

Mailing Address 8106 Boulder Ct.

City

Long Grove

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medline Industries

Occupation
VP, Healthcare Corporate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: C1320366

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Louis Serra

Mailing Address 2525 Pennsylvania Ave

City

Weirton

State

WV

Zip Code

26062-3634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Weirton Geriatric Center

Occupation
Owner/Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: C1321364

Amount of Each Receipt this Period

550.00

SUBTOTAL of Receipts This Page (optional)

1700.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 59

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Michael Shepard

Mailing Address PO Box 125

City

Mena

State

AR

Zip Code

71953

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shepard GroupOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	1	1

Transaction ID: C1321354

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Robert Siebel

Mailing Address 13185 W Great Mountain Drive

City

Lakewood

State

CO

Zip Code

80228-3512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carriage Healthcare Compa-
nies, Inc.Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	1	1

Transaction ID: C1320367

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)

Matthew D. Smyth

Mailing Address 2405 I St NW

City

Washington

State

DC

Zip Code

20037-2206

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciationOccupation
Director of Grassroots

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	1		2	0	1	1

Transaction ID: C1321259

Amount of Each Receipt this Period

19.24

SUBTOTAL of Receipts This Page (optional)

2519.24

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Matthew D. Smyth

Mailing Address 2405 I St NW

City

Washington

State

DC

Zip Code

20037-2206

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation

Director of Grassroots

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.60

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: C1327174

Amount of Each Receipt this Period

19.24

B.

Full Name (Last, First, Middle Initial)

J. Craig Souza

Mailing Address 5109 Bur Oak Cir

City

Raleigh

State

NC

Zip Code

27612-3101

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Carolina Health Care
Facilities

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 8 / 2 0 1 1

Transaction ID: C1332189

Amount of Each Receipt this Period

1100.00

C.

Full Name (Last, First, Middle Initial)

David Stallard

Mailing Address 1305 West Causeway Approach
#212

City

Mandeville

State

LA

Zip Code

70471

FEC ID number of contributing
federal political committee.

C

Name of Employer
Covington Suites

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: C1320368

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

2369.24

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dixie Taylor-Huff

Mailing Address 932 East Baddour Parkway

City

Lebanon

State

TN

Zip Code

37087-3707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Quality Care Health Center

Occupation

Administrator/Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3125.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: C1323711

Amount of Each Receipt this Period

1875.00

B.

Full Name (Last, First, Middle Initial)

Harvey Tettlebaum

Mailing Address 56295 Little Moniteau Road

City

California

State

MO

Zip Code

65018-3069

FEC ID number of contributing
federal political committee.

C

Name of Employer
Husch & Eppenberger, LLC

Occupation

lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 1 1

Transaction ID: C1323558

Amount of Each Receipt this Period

147.34

C.

Full Name (Last, First, Middle Initial)

Jan Thayer

Mailing Address 2307 Stagecoach Rd.

City

Grand Island

State

NE

Zip Code

68801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Riverside Lodge Retirement
Complex

Occupation

Chair/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 1 / 2 0 1 1

Transaction ID: C1326805

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

3272.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Michael Torgan

Mailing Address 5120 West Goldleaf Circle
400

City State Zip Code
Los Angeles CA 90056-1297

FEC ID number of contributing
federal political committee.

C

Name of Employer
Country Villa Health Serv-
ices

Occupation
Vice President, Customer Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: C1320369

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Peter Van Runkle

Mailing Address 7460 Tottenham Pl

City State Zip Code
New Albany OH 43054-9443

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Health Care Associat-
ion

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: C1320375

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Jack Vetter

Mailing Address 20220 Harney Street

City State Zip Code
Elkhorn NE 68022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vetter Health Services

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: C1321351

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

1875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Steven Wannemacher

Mailing Address PO Box 3188

City

Bloomington

State

IL

Zip Code

61702-3188

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heritage Enterprises

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 8 / 2 0 1 1

Transaction ID: C1323715

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Brett Waters

Mailing Address 2416 Mesa St.

City

Idaho Falls

State

ID

Zip Code

83401

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Beginnings Community
Living Home

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: C1320371

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Andrew S Weisman

Mailing Address 7442 Stonegate Blvd.

City

Parkland

State

FL

Zip Code

33076

FEC ID number of contributing
federal political committee.

C

Name of Employer
NuVision Management

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 1 / 2 0 1 1

Transaction ID: C1326561

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Alan Zuccari

Mailing Address 7712 Carlton Place

City

Mclean

State

VA

Zip Code

22102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hamilton Insurance Agency

Occupation

President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3125.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 1 1

Transaction ID: C1321346

Amount of Each Receipt this Period

1875.00

SUBTOTAL of Receipts This Page (optional)

1875.00

TOTAL This Period (last page this line number only)

87152.77

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 59

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

National Health Corporation PAC

Mailing Address P.O. Box 1398

City

Murfreesboro

State

TN

Zip Code

37130

FEC ID number of contributing
federal political committee.

C

C00153445

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 8 / 2 0 1 1

Transaction ID: C1324075

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
AMERIPAC: THE FUND FOR A GREATER AMERICA

Mailing Address 499 S. CAPITOL ST. S.W. #414

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Contributions to Federal Committees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D118059

Date of Disbursement

07 / 21 / 2011

Amount of Each Disbursement this Period

5000.00

B. Full Name (Last, First, Middle Initial)
FREE STATE PAC

Mailing Address PO Box 2712

City Topeka State KS Zip Code 66601-2712

Purpose of Disbursement
Contributions to Federal Committees

Candidate Name
Jerry Moran

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

State: KS District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D117655

Date of Disbursement

07 / 07 / 2011

Amount of Each Disbursement this Period

5000.00

C. Full Name (Last, First, Middle Initial)
HAWKEYE PAC, THE

Mailing Address PO Box 7255

City Des Moines State IA Zip Code 50309

Purpose of Disbursement
Contributions to Federal Committees

Candidate Name
Sen Charles Grassley

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D117645

Date of Disbursement

07 / 06 / 2011

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

JOBS, OPPORTUNITIES AND EDUCATION, PAC (JOE-PAC)

Mailing Address 84-54 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement
Contributions to Federal Committees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D117972

Date of Disbursement

07 / 19 / 2011

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

LONGLEAF PINE PAC

Mailing Address 703 GREEN VALLEY ROAD
SUITE 201

City Greensboro State NC Zip Code 27408

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D117971

Date of Disbursement

07 / 19 / 2011

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

PROSPERITY PAC

Mailing Address 1006 Pendleton Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contributions to Federal Committees

Candidate Name

Paul Ryan

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D117967

Date of Disbursement

07 / 19 / 2011

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

12500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
KINZINGER FOR CONGRESS

Mailing Address PO Box 1050

City State Zip Code
Bourbonnais IL 60914

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Adam Kinzinger

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 11

Transaction ID: D118056

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
QUAYLE FOR CONGRESS

Mailing Address 4247 N. 44th Street

City State Zip Code
Phoenix AZ 85018

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Ben Quayle

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 03

Transaction ID: D118050

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
BILL CASSIDY FOR CONGRESS

Mailing Address 8550 United Plaza Blvd.

City State Zip Code
Baton Rouge LA 70809

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Bill Cassidy

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 06

Transaction ID: D118042

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
BILL CASSIDY FOR CONGRESS

Mailing Address 8550 United Plaza Blvd.

City State Zip Code
 Baton Rouge LA 70809

Purpose of Disbursement
 Contributions to Federal Candidates

Candidate Name
 Rep. Bill Cassidy

Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 06

Transaction ID: D118271

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
BRIAN BILBRAY FOR CONGRESS

Mailing Address 991C Lomas Santa Fe Drive

City State Zip Code
 Solana Beach CA 92075

Purpose of Disbursement
 Contributions to Federal Candidates

Candidate Name
 Rep. Brian P. Bilbray

Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 50

Transaction ID: D117970

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

C. Full Name (Last, First, Middle Initial)
GARDNER FOR CONGRESS

Mailing Address PO Box 2408

City State Zip Code
 Loveland CO 80539

Purpose of Disbursement
 Contributions to Federal Candidates

Candidate Name
 Rep. Cory Gardner

Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District: 04

Transaction ID: D118044

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
LOEBSACK FOR CONGRESS

Mailing Address PO Box 2720

City State Zip Code
Cedar Rapids IA 52406

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Dave Loebsack

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: IA District: 02

Transaction ID: D118264

Date of Disbursement

07 / 28 / 2011

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)
FRIENDS OF DENNIS ROSS

Mailing Address PO BOX 7310

City State Zip Code
LAKELAND FL 33807

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Dennis A. Ross

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 12

Transaction ID: D118047

Date of Disbursement

07 / 21 / 2011

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)
DIANE BLACK FOR CONGRESS

Mailing Address PO Box 1437

City State Zip Code
Gallatin TN 37066

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Diane Black

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 06

Transaction ID: D118262

Date of Disbursement

07 / 28 / 2011

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 50 / 59

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
DIANE BLACK FOR CONGRESS

Mailing Address PO Box 1437

City Gallatin State TN Zip Code 37066

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Diane Black

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 06

Transaction ID: D118039

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
PALLONE FOR CONGRESS

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Frank Pallone, Jr.

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 06

Transaction ID: D118269

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
FRIENDS OF GLENN THOMPSON

Mailing Address PO Box 1112

City State College State PA Zip Code 16804

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Glenn Thompson

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 05

Transaction ID: D117644

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 51 / 59

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
CONGRESSMAN JOE BARTON COMMITTEE, THE

Mailing Address P.O. Box 1444

City Ennis State TX Zip Code 75120

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Joe L. Barton

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 06

Transaction ID: D118037

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
JOE WALSH FOR CONGRESS COMMITTEE, INC.

Mailing Address P.O. BOX 56 830 W. ROUTE 22

City LAKE ZURICH State IL Zip Code 60047

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Joe Walsh

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 08

Transaction ID: D118057

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
VOLUNTEERS FOR SHIMKUS

Mailing Address P.O. BOX 661

City COLLINSVILLE State IL Zip Code 62234

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. John Shimkus

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 19

Transaction ID: D118270

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 52 / 59

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
LYNN JENKINS FOR CONGRESS

Mailing Address P.O. Box 1441

City State Zip Code
Topeka KS 66601

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Lynn Jenkins

Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2012 ☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 02

Transaction ID: D118058

Date of Disbursement

M M / D D / Y Y Y Y
07 / 21 / 2011

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
MICHAUD FOR CONGRESS

Mailing Address 213 Lisbon St

City State Zip Code
Lewiston ME 04240

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Michael H. Michaud

Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2012 ☐ Primary ☒ General
☐ Other (specify) ▼

State: ME District: 02

Transaction ID: D118267

Date of Disbursement

M M / D D / Y Y Y Y
07 / 28 / 2011

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
MIKE ROSS FOR CONGRESS COMMITTEE

Mailing Address PO Box 360

City State Zip Code
Prescott AR 71857

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Mike Ross

Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2012 ☒ Primary ☐ General
☐ Other (specify) ▼

State: AR District: 04

Transaction ID: D117969

Date of Disbursement

M M / D D / Y Y Y Y
07 / 19 / 2011

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 53 / 59

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
FRIENDS OF NAN HAYWORTH

Mailing Address 51 Gleneida Avenue

City Carmel State NY Zip Code 10512

Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Nan HayworthCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 19

Transaction ID: D118055

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	1		2	0	1	1

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
RYAN FOR CONGRESS

Mailing Address P. O. Box 1919

City Janesville State WI Zip Code 53547

Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Paul D. RyanCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 01

Transaction ID: D117968

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	1

Amount of Each Disbursement this Period

5000.00

C. Full Name (Last, First, Middle Initial)
OLSON FOR CONGRESS COMMITTEE

Mailing Address PO Box 16381

City Sugar Land State TX Zip Code 77496

Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Pete OlsonCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 22

Transaction ID: D118051

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	1		2	0	1	1

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American Health Care Association Political Action Committee

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

TIM GRIFFIN FOR CONGRESS CAMPAIGN COMMITTEE

Mailing Address P.O. Box 7526

City
Little Rock

State
AR

Zip Code
72217

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Tim Griffin

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: AR District: 02

Transaction ID: D118054

Date of Disbursement

07 / 21 / 2011

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

COLE FOR CONGRESS

Mailing Address P.O. Box 722256

City
Norman

State
OK

Zip Code
73070

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Tom Cole

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: OK District: 04

Transaction ID: D118043

Date of Disbursement

07 / 21 / 2011

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

GRAVES FOR CONGRESS

Mailing Address PO Box 701

City
Gainesville

State
GA

Zip Code
30503

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Tom Graves

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 09

Transaction ID: D118052

Date of Disbursement

07 / 21 / 2011

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

LATHAM FOR CONGRESS

Mailing Address P.O. Box 71

City
Clarion

State
IA

Zip Code
50525

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Tom Latham

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: IA District: 04

Transaction ID: D118265

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4000.00

B.

Full Name (Last, First, Middle Initial)

LATHAM FOR CONGRESS

Mailing Address P.O. Box 71

City
Clarion

State
IA

Zip Code
50525

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Tom Latham

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: IA District: 04

Transaction ID: D118266

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

TOM REED FOR CONGRESS

Mailing Address 99 W 1st Street

City
Corning

State
NY

Zip Code
14830

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Tom Reed

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 29

Transaction ID: D118049

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
TREY GOWDY FOR CONGRESS

Mailing Address PO BOX 3324

City SPARTANBURG State SC Zip Code 29304

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Trey Gowdy

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 04

Transaction ID: D118048

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
VERN BUCHANAN FOR CONGRESS

Mailing Address P. O. Box 48928

City Sarasota State FL Zip Code 34230

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Vern Buchanan

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 13

Transaction ID: D118041

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
GOAL PAC

Mailing Address PO Box 30344

City Bethesda State MD Zip Code 20824-0344

Purpose of Disbursement
Contributions to Federal Committees

Candidate Name
Sander Levin

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D118273

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

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	27		28a		28b		28c		29		30b

American Health Care Association Political Action Committee

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

To Organize a Majority PAC

Mailing Address PO BOX 752

City
DES MOINES

State
IA

Zip Code
50303

Purpose of Disbursement
Contributions to Federal Committees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D117646

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

131000.00